EXHIBIT J

UNIVERSITY DISABILITY CONSORTIUM
Physician Specialists for Disability Evaluation and Management

October 9, 2006

Clinton & Muzyka, PC
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RE: Claimant: Frank Saco

ORTHOPEDIC INDEPENDENT MEDICAL EVALUATION

INTRODUCTION: Frank Saco is a 66–year-old gentleman (DOB 6/17/1940), who was seen for an Orthopedic IME on 10/4/06. Prior to obtaining the medical history from him and carrying out an examination, I reviewed his relevant orthopedic medical records and I will summarize them chronologically.

MEDICAL RECORD REVIEW: The earliest available relevant medical records are from Beverly Hospital. It is an Operative Note dated 4/14/03. He underwent surgery by Orthopedic Surgeon, Dr. Robert Wood. The Operative Note states that he had fallen on a boat the night before and he presented to the ER of the Beverly Hospital with a complete dislocation of his mid-foot. The joints between the first and second metatarsals and the cuneiforms were reduced and stabilized with screws. The fourth and fifth metatarsals were reduced and stabilized with 1.25 mm K-wires. A cast was applied.

Mr. Saco was then followed by Dr. Wood at Sports Medicine North Orthopedic Surgery. He was seen on 5/1/03. His cast was removed. The wounds were clean and sutures were removed. X-rays reported that the fracture was well reduced and a new short leg cast was applied. He was to remain non-weightbearing for an additional three weeks. He came back on 5/15/03 and had a cast change. He was kept non-weightbearing. His next visit was on 6/12/03. The note mentions that he had an accident in which his truck ended up in the ocean and he got his cast wet. His cast was removed and there were no wound complications. At this point, he was placed into a fracture walker boot and was instructed to

medial cuneiform joint and a second screw obliquely extending from the first metatarsal into the middle cuneiform. The x-rays seem to indicate that he has gone on to a solid arthrodesis at the four joints between the first and second metatarsals and the medial and middle cuneiforms. He also appears to have an arthrodesis between the third metatarsal base and the lateral cuneiform. There is no evidence of degenerative changes at the fourth and fifth tarso-metatarsal joints nor is there any degenerative arthritis of the great toe MTP joint. The most recent films were done on 5/23/06 after all of the hardware had been removed. Once again, they seem to indicate that a solid fusion has been achieved.

DIAGNOSIS AND DISCUSSION: As a result of the work-related fall onboard the tugboat on or about 4/12/03, Mr. Frank Saco sustained a Lisfranc injury, which involved multiple tarso-metatarsal dislocations of his mid-foot. His medical records provide objective documentation of the precise nature of his injury. His initial treatment, which involved reduction of the dislocations with internal fixation, and the subsequent removal of the fixation hardware, was appropriate, medically necessary, causally related to the workplace accident, and consistent with accepted standards of care for the injury. Based upon his records, he developed painful degenerative arthritis at the involved joints. This is not an unusual occurrence with this particular injury even though the dislocations were reduced and internally fixed. This condition, namely traumatic tarso-metatarsal arthritis, is appropriately treated by doing a fusion operation of the involved tarso-metatarsal joints. Unfortunately, based upon his history and the medical records, Mr. Saco continued to have foot pain following the fusion operation. Based on Dr. Chiodo's medical records and the report of the CAT scan, he had developed a nonunion of the fusion. This was then appropriately treated with repeat surgery for the nonunion utilizing bone graft and internal fixation. Based upon the records and my review of his most recent x-rays, Mr. Saco has achieved a solid fusion of the tarso-metatarsal joints.

It is not unusual for patients to have some degree of residual foot discomfort with physical exertion and prolonged standing after tarso-metatarsal fusions. This operation is a salvage procedure, which does not restore normal foot biomechanics. However, this is all we have and it does represent the standard of care for treatment of post-traumatic arthritis at the tarso-metatarsal joints. Although pain is

joints. Although pain is a subjective symptom and is not qualitatively or quantitatively verifiable by any objective means, I would consider that some degree of foot discomfort with prolonged standing and walking would not be unusual in Mr. Saco's case and would not be inconsistent with the nature of his injury. Mr. Saco is left with some objective physical examination findings, which includes 3 cm of right calf and leg atrophy, some loss of hindfoot inversion, and stiffness of his right great toe MTP joint. He is at a medical end result and his condition is not likely to change or benefit from further surgery. I doubt that additional physical therapy is going to improve his result. Taking into account the various objective physical examination findings and the nature of his injury, and using the AMA Guides to the Evaluation of Permanent Impairment as a guideline, it is my opinion that Mr. Saco is left with a 12% impairment of his right foot, which would extrapolate to an 8% impairment of the right leg or a 3% impairment of the whole person as a result of the injuries which he sustained in the work-related fall of 4/12/03.

In my opinion, Mr. Saco is not totally disabled. He should be capable of full-time work in light and some medium occupational categories, as long as he is not required to work on uneven, irregular surfaces and is not expected to stand and walk for more than 1.5-2 hours at a time without the opportunity to sit down and switch to seated work activities for approximately 30 minutes to an hour before resuming standing and walking. As far as working on a tugboat or a lobster fishing boat, it is my opinion that the uneven footing and the potential for rough seas make him unsuitable for this type of work. He would not be expected to do well on uneven, irregular surfaces and safety issues come into play. For this reason, I do not think that he is capable of resuming his pre-injury job as a lobster fisherman or working as a deckhand on a tugboat.

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